

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0005236

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001237**

1. Corporation Name

BLOCKBUSTER SC VIDEO OPERATING CORPORATION

Principal Place of Business

**1201 ELM STREET
DALLAS TX 75270**

Mailing Address

**% PHILIPPE P DAUMAN
1515 BROADWAY
NEW YORK NY 10036
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc	26	C/O MICHAEL D. FRICKLAS
22	City & State	27	Suite, Apt. #, etc
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHN F ANTIOCO	
STREET ADDRESS	1201 ELM ST	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	EVPS	<input type="checkbox"/> DELETE
NAME	PHILIPPE P DAUMAN	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	LYNN J LYALL	
STREET ADDRESS	1201 ELM ST	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ILENE W STACK	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE S SMITH JR	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	PD
12 NAME	40000012769214
13 STREET ADDRESS	02/09/99 01041 010
14 CITY-ST-ZIP	***150.00 ***150.00
21 TITLE	EVPSD
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	EVPCFO
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

AS
LIOTTA, MICHAEL A
1515 BROADWAY
NEW YORK NY 10036

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

212-846-5955

Telephone Number

CR2E034 (11/98)